

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA  
2001/02  
FORM

COVER PAGE  
**460**

Page 1 of 140

For Official Use Only

Statement covers period

from 10/21/2018

through 12/31/2018

Date of election if applicable:  
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee

- ☒ Ballot Measure Committee  
☒ Primary Formed  
☐ Controlled  
☒ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/  
Officeholder Committee  
(Also Complete Part 7.)

## 2. Type of Statement:

- ☐ Pre-election Statement  
☐ Semi-annual Statement  
☒ Termination Statement  
☐ Amendment (Explain below)

- ☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection  
Statement - Attach Form 495

## 3. Committee Information

I.D. NUMBER  
1399958

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by  
AIDS Healthcare Foundation and ACCE Action

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX/E-MAIL ADDRESS

(310) 319-0156 / bpalmer@strumwooch.com

## Treasurer(s)

NAME OF TREASURER  
Beverly Grossman Palmer

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

NAME OF ASSISTANT TREASURER, IF ANY  
Fredric Woocher

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	CA	90024	(310) 576-1233

OPTIONAL: FAX/E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on <u>01/31/2019</u>	By <u>Beverly Grossman Palmer</u>	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
DATE		
Executed on <u>01/31/2019</u>	By <u>Michael Weinstein</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
DATE		
Executed on <u>01/31/2019</u>	By <u>Christina Livingston</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
DATE		
Executed on <u>01/31/2019</u>	By <u>Elena Popp</u>	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT
DATE		

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
State of California

# Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

## 6. Ballot Measure Committee

NAME OF BALLOT MEASURE

Expands Local Governments' Authority to Enact Rent Control on Residential Property. Initiative Statute.

BALLOT NO. OR LETTER

JURISDICTION

10

Statewide

☒ SUPPORT

☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Michael Weinstein

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

## 7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Christina Livingston

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

Recipient Committee  
Campaign Statement  
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

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FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT  
☐ OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Elena Popp

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

**7. Primarily Formed Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT  
☐ OPPOSE

Attach continuation sheets if necessary

# Campaign Disclosure Statement Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b> Page 5 of 140 I.D. NUMBER 1399958
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

## Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3	(\$502,695.72)	\$22,544,552.53
2. Loans Received .....	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	(\$502,695.72)	\$22,544,552.53
4. Nonmonetary Contributions .....	Schedule C, Line 3	\$412,050.27	\$2,031,966.29
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	(\$90,645.45)	\$24,576,518.82

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4	\$3,644,981.97	\$22,964,363.17
7. Loans Made .....	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7	\$3,644,981.97	\$22,964,363.17
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3	(\$113,910.36)	\$0.00
10. Nonmonetary Adjustment .....	Schedule C, Line 3	\$412,050.27	\$2,031,966.29
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10	\$3,943,121.88	\$24,996,329.46

## Expenditure Limit Summary for State Candidates

### 22. Cumulative Expenditures Made\* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16	\$3,902,877.05	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts .....	Column A, Line 3 above	(\$502,695.72)	
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	\$244,800.64	
15. Cash Payments .....	Column A, Line 8 above	\$3,644,981.97	
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$0.00	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse	\$0.00
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	\$0.00

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

# Schedule A

## Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 6 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2018	L.E. Correia Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self TV Writer	\$33.00	\$348.00	2018G: \$348.00
10/21/2018	Christopher Desnoyers Palo Alto, CA 94306	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Renovo Auto Engineer	\$50.00	\$50.00	2018G: \$50.00
10/21/2018	Jim Gavin Culver City, Ca 90232	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Writer	\$100.00	\$100.00	2018G: \$100.00
10/21/2018	Kamran Ghassemieh Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fred Ghassemieh Investments	\$10.00	\$21.00	2018G: \$21.00
10/21/2018	Dennis Rockway Long Beach, CA 90814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$125.00	2018G: \$125.00

**SUBTOTAL**

### Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) ..... (\$502,695.72)

2. Amount received this period - unitemized contributions of less than \$100 .....

\$0.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL** (\$502,695.72)

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 7 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2018	Nina Silk San Francisco, CA 94114-3111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Google Technical Writer	\$100.00	\$100.00	2018G: \$100.00
10/22/2018	Sara Goldware Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ohlone College Director	\$50.00	\$50.00	2018G: \$50.00
10/22/2018	Aleksandr Nisnevich Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Microsoft Software Engineer	\$25.00	\$225.00	2018G: \$225.00
10/22/2018	Jeanne Rosenmeier San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Tax Preparer	\$170.00	\$1,190.00	2018G: \$1,190.00
10/22/2018	Sam Stafford San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dropbox Software Engineer	\$250.00	\$250.00	2018G: \$250.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 8 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	Matthew Wolf Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Public Health Institute Contracts and Grants Specialist II	\$25.00	\$25.00	2018G: \$25.00
10/22/2018	David Zisser Oakland, CA 94610-3404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housing California Associate Director	\$36.00	\$36.00	2018G: \$36.00
10/23/2018	Peter Foreman Long Beach, CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$3.00	\$18.00	2018G: \$18.00
10/23/2018	Yoshino Jasso Long Beach, CA 90802	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Retail	\$30.00	\$55.00	2018G: \$55.00
10/23/2018	Giulianna Lomaglio Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Hermosillo Bartender	\$25.00	\$25.00	2018G: \$25.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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10/23/2018	Natasha Moss-Dedrick San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Massage Therapist	\$25.00	\$25.00	2018G: \$25.00
10/24/2018	Tiffany Basa San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOMCAN Development Coordinator	\$50.00	\$50.00	2018G: \$50.00
10/24/2018	Jessica Buchanan San Pedro, CA 90731	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Multimedia Learning Creator	\$10.00	\$10.00	2018G: \$10.00
10/24/2018	California Federation of Teachers COPE PROP/BALLOT Burbank, CA 91505 Committee ID: 1240104	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$100,000.00	2018G: \$100,000.00
10/24/2018	M Camaya Spring Valley, CA 91977	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Self employed	\$25.00	\$25.00	2018G: \$25.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
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NAME OF FILER

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I.D. Number  
1399958

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10/24/2018	Jon Daniel Pittsburgh, PA 15206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Living Social Inc. Software Engineer	\$25.00	\$25.00	2018G: \$25.00
10/24/2018	David Green Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$10.00	2018G: \$10.00
10/24/2018	Eliana Greenberg Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Health Care Consultant	\$35.00	\$140.00	2018G: \$140.00
10/24/2018	Cassie Halls Los Angeles, CA 90066	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCLA Student	\$25.00	\$25.00	2018G: \$25.00
10/24/2018	Live Wire Ranch Los Angeles, CA 90063-2830	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018G: \$5,000.00
<b>SUBTOTAL</b>						

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2018	Dennis Rockway Long Beach, CA 90814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$75.00	\$125.00	2018G: \$125.00
10/24/2018	SEIU California State Council Sacramento, CA 95814 Committee ID: 1372681	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100,000.00	\$100,000.00	2018G: \$100,000.00
	***INTERMEDIARY*** California State Council of Service Employees Issues Committee Sacramento, CA 95814	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
10/24/2018	SEIU Local 521 Issues PAC Sacramento, CA 95814-4503 Committee ID: 1297706	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,000.00	\$2,000.00	2018G: \$2,000.00
10/24/2018	Janet Smith-Heimer Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$250.00	\$250.00	2018G: \$250.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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10/24/2018	Joshua Steele Studio City, CA 91604-2891	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$15.00	\$15.00	2018G: \$15.00
10/24/2018	David Vahedi Los Angeles, CA 90034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	State of California Attorney	\$2,500.00	\$2,500.00	2018G: \$2,500.00
10/25/2018	Thomas Bensko Oakland, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Myself Self employed	\$25.00	\$25.00	2018G: \$25.00
10/25/2018	Richard Bolecek Oakland, CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$100.00	\$100.00	2018G: \$100.00
10/25/2018	Elisabeth Cutler San Francisco, CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Smith Charitable Trust Program Officer	\$25.00	\$25.00	2018G: \$25.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

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10/25/2018	Todd LeFurge San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tenderloin Neighborhood Development Corp Real Estate Asset Manager	\$200.00	\$200.00	2018G: \$200.00
10/25/2018	Adam Navarro Newman, CA 95360	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$20.00	2018G: \$20.00
10/25/2018	Guillermo Rodriguez Salinas, CA 93905	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SHMID Electrician	\$25.00	\$25.00	2018G: \$25.00
10/26/2018	David Allen Encino, CA 91316	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Proof Inc. Previsualization Animator	\$25.00	\$25.00	2018G: \$25.00
10/26/2018	Isaac Cohen Berkeley, CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$25.00	\$30.00	2018G: \$30.00
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10/26/2018	Isaac Cohen Berkeley, CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$5.00	\$30.00	2018G: \$30.00
10/26/2018	Maryanne Dieffenbach Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$30.00	2018G: \$30.00
10/26/2018	Liliana Roque Los Angeles, CA 90006	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not Employed Not Employed	\$2.00	\$2.00	2018G: \$2.00
10/26/2018	Lisa Rubio San Rafael, CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$20.00	2018G: \$20.00
10/26/2018	Dan Sakaguchi Oakland, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Communities for a Better Environment Researcher	\$50.00	\$50.00	2018G: \$50.00
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10/26/2018	Katie Simpson San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DocuSign Copywriter	\$10.00	\$80.00	2018G: \$80.00
10/26/2018	Emily Wheeler Oakland, CA 94606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ELS Architecture and Urban Design Marketing Coordinator	\$10.00	\$10.00	2018G: \$10.00
10/26/2018	Michelle Wood San Francisco, CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JVS Technology Trainer	\$50.00	\$50.00	2018G: \$50.00
10/27/2018	Gerald Gerash Walnut Creek, CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$50.00	2018G: \$50.00
10/27/2018	Naushon Kabat-Zinn Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Yoga Teacher	\$50.00	\$50.00	2018G: \$50.00
<b>SUBTOTAL</b>						

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SCHEDULE A (CONT.)

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10/27/2018	Georgina Ramirez Pleasant Hill, CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AMN Healthcare Hospice RN	\$25.00	\$25.00	2018G: \$25.00
10/27/2018	Daniel Szymanowski San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Illumina, Inc. Web Designer	\$10.00	\$50.00	2018G: \$50.00
10/27/2018	Megana Uppalapati San Jose, CA 95129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrew Pitcher Tutor	\$10.00	\$20.00	2018G: \$20.00
10/27/2018	Dylan Winn San Marcos, CA 92069	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Data Software Developer	\$10.00	\$20.00	2018G: \$20.00
10/28/2018	L.E. Correia Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self TV Writer	\$33.00	\$348.00	2018G: \$348.00
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10/28/2018	William Dawley Winchester, CA 92596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UCSD Education, Research	\$10.00	\$10.00	2018G: \$10.00
10/28/2018	Marie Wakefield Newport, OR 97365-9519	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	None Not employed	\$1.00	\$1.00	2018G: \$1.00
10/28/2018	Deborah Werner Topanga, CA 90290	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advocates for Human Potential, Inc. Manager	\$250.00	\$250.00	2018G: \$250.00
10/28/2018	Thiago Winterstein Los Angeles, CA 90013	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Musician/Music Teacher	\$25.00	\$25.00	2018G: \$25.00
10/29/2018	Susan Abby San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$50.00	2018G: \$50.00
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10/29/2018	Charles Barratt San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$150.00	2018G: \$150.00
10/29/2018	Charles Barratt San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$100.00	\$150.00	2018G: \$150.00
10/29/2018	Angela Blackwell Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Policylink Executive	\$100.00	\$100.00	2018G: \$100.00
10/29/2018	Anthony Chun Los Angeles, CA 90029	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rick and Morty LLC Director	\$50.00	\$50.00	2018G: \$50.00
10/29/2018	Nathaniel Hawkes Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	University of California Social Worker	\$10.00	\$10.00	2018G: \$10.00
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10/29/2018	Connor Huchton North Hollywood, CA 91601	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$25.00	\$25.00	2018G: \$25.00
10/29/2018	Juan Larios Maywood, CA 90270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AIDS Healthcare Foundation Maintenance	\$250.00	\$250.00	2018G: \$250.00
10/29/2018	Peter Nasatir San Francisco, CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Action Properties Concierge	\$100.00	\$100.00	2018G: \$100.00
10/29/2018	Aleksandr Nisnevich Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Microsoft Software Engineer	\$25.00	\$225.00	2018G: \$225.00
10/29/2018	Louis Rosen Placentia, CA 92870	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Irvine Unified School District Coach	\$250.00	\$250.00	2018G: \$250.00
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10/29/2018	Jeanne Rosenmeier San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Tax Preparer	\$170.00	\$1,190.00	2018G: \$1,190.00
10/29/2018	Peter Santina Oakland, CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self-employed Attorney	\$100.00	\$100.00	2018G: \$100.00
10/30/2018	Konrad Armitage Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Artists Agency Information Security Awareness and Training	\$25.00	\$50.00	2018G: \$50.00
10/30/2018	Patricia Berry Montclair, NJ 07042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Writer	\$500.00	\$500.00	2018G: \$500.00
10/30/2018	Charles Davis San Francisco, CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	UC Berkeley Data Analyst	\$50.00	\$50.00	2018G: \$50.00
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10/30/2018	Elizabeth Ehrenberg Oakland, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Social worker	\$10.00	\$10.00	2018G: \$10.00
10/30/2018	Peter Foreman Long Beach, CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$3.00	\$18.00	2018G: \$18.00
10/30/2018	Kamran Ghassemieh Beverly Hills, CA 90210	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fred Ghassemieh Investments	\$3.00	\$21.00	2018G: \$21.00
10/31/2018	Jennifer Brown Albany, CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Help Desk Support	\$50.00	\$240.00	2018G: \$240.00
10/31/2018	Patrick Chen Irvine, CA 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Meridian Linc, Inc. Engineer	\$200.00	\$200.00	2018G: \$200.00
<b>SUBTOTAL</b>						

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OTH - Other  
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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2018	Thomas Pesavento San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Creative Director	\$50.00	\$50.00	2018G: \$50.00
10/31/2018	Dorri Z. Raskin Porter Ranch, CA 91326-3123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$50.00	2018G: \$50.00
10/31/2018	Ladd Sullivan Los Angeles, CA 90005-3725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atkinson, Andelson Paralegal	\$50.00	\$200.00	2018G: \$200.00
10/31/2018	United Food and Commercial Workers International Union, AFL-CIO, CLC Washington, DC 20006-1598	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25,000.00	\$25,000.00	2018G: \$25,000.00
10/31/2018	Audrey Van Zee San Francisco, CA 94110-3505	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VMware Marketing	\$25.00	\$25.00	2018G: \$25.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 23 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2018	Stephen Wilson San Francisco, CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank, N.A. Valuation Specialist	\$25.00	\$25.00	2018G: \$25.00
10/31/2018	Michael Young San Jose, CA 95124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Retired	\$100.00	\$100.00	2018G: \$100.00
11/1/2018	Whitney Engeran Long Beach, CA 90804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$50.00	2018G: \$50.00
11/1/2018	Sanam Jorjani Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Oakland Literacy Coalition Director	\$25.00	\$25.00	2018G: \$25.00
11/1/2018	Linh Le Redwood City, CA 94063-1888	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hearsay Systems Customer Education Manager	\$10.00	\$40.00	2018G: \$30.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 24 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	Dilia Villasenor Los Angeles, CA 90004	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Nurse	\$10.00	\$110.00	2018G: \$110.00
11/2/2018	Morgan Clendaniel San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mansueto Ventures Editor	\$25.00	\$25.00	2018G: \$25.00
11/2/2018	L.E. Correia Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self TV Writer	\$50.00	\$348.00	2018G: \$348.00
11/2/2018	Maryanne Dieffenbach Santa Monica, CA 90405	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$10.00	\$30.00	2018G: \$30.00
11/2/2018	Arielle Sallai Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coalition for Affordable Housing Consultant	\$5.00	\$25.00	2018G: \$25.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 25 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2018	Katie Simpson San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DocuSign Copywriter	\$10.00	\$80.00	2018G: \$80.00
11/2/2018	Randolph Smith Los Angeles, CA 90034-7569	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santa Monica College Math Lab Instructional Assistant	\$100.00	\$100.00	2018G: \$100.00
11/2/2018	Maria Zamudio Oakland, CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housing Rights Committee of SF Associate Director	\$50.00	\$50.00	2018G: \$50.00
11/3/2018	James Adomian Los Angeles, CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Comedian	\$100.00	\$100.00	2018G: \$100.00
11/3/2018	Maria Castillo Los Angeles, CA 90044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nf Project Manager	\$3.00	\$3.00	2018G: \$3.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/3/2018	Jill Croce Sherman Oaks, CA 91423	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	March Vision Care St Business System Analyst	\$5.00	\$5.00	2018G: \$5.00
11/3/2018	Peter Gillis San Francisco, CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cafe Que Tal Cafe Worker	\$20.00	\$20.00	2018G: \$20.00
11/3/2018	Chris Pardal Los Angeles, CA 91606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Landlord	\$25.00	\$25.00	2018G: \$25.00
11/3/2018	Daniel Szymanowski San Diego, CA 92104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Illumina, Inc. Web Designer	\$10.00	\$50.00	2018G: \$50.00
11/3/2018	Megana Uppalapati San Jose, CA 95129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Andrew Pitcher Tutor	\$10.00	\$20.00	2018G: \$20.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
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NAME OF FILER

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I.D. Number  
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11/3/2018	Beth Varner Alhambra, CA 91801	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Houghton Mifflin Harcourt Sales	\$25.00	\$25.00	2018G: \$25.00
11/3/2018	John Wait Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Medical Radiation Physicist	\$10.00	\$20.00	2018G: \$20.00
11/3/2018	John Wait Los Angeles, CA 90028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Medical Radiation Physicist	\$10.00	\$20.00	2018G: \$20.00
11/4/2018	Marlese Carroll Hayward, CA 94541	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nordic Naturals Sales Rep	\$25.00	\$25.00	2018G: \$25.00
11/4/2018	L.E. Correia Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self TV Writer	\$33.00	\$348.00	2018G: \$348.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
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NAME OF FILER

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I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2018	James Lovendahl Seattle, WA 98108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FAA Technical Writer	\$1.43	\$1.43	2018G: \$1.43
11/5/2018	George Robert Howard Berkeley, CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$50.00	\$50.00	2018G: \$50.00
11/5/2018	Joseph Maizlish Los Angeles, CA 90042	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Psychotherapist	\$25.00	\$25.00	2018G: \$25.00
11/5/2018	Aleksandr Nisnevich Berkeley, CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Microsoft Software Engineer	\$25.00	\$225.00	2018G: \$225.00
11/5/2018	Jeanne Rosenmeier San Francisco, CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Tax Preparer	\$170.00	\$1,190.00	2018G: \$1,190.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 29 of 140

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NAME OF FILER

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I.D. Number  
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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/5/2018	John R. Scott Bakersfield, CA 93305	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$100.00	\$100.00	2018G: \$100.00
11/5/2018	Gretchen Till Oakland, CA 94609	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anne Phillips Architecture Architect	\$15.00	\$15.00	2018G: \$15.00
11/5/2018	UAW Region 5 Western States PAC Pico Rivera, CA 90660 Committee ID: 743787	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	\$5,000.00	2018G: \$5,000.00
11/6/2018	Konrad Armitage Los Angeles, CA 90039	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Artists Agency Information Security Awareness and Training	\$25.00	\$50.00	2018G: \$50.00
11/6/2018	Peter Foreman Long Beach, CA 90808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Not employed Not employed	\$3.00	\$18.00	2018G: \$18.00
<b>SUBTOTAL</b>						

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# Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.  
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SCHEDULE A (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 30 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
1399958

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/20/2018	***RETURNED*** AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(\$715,000.00)	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/24/2018	Eliana Greenberg Oakland, CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kaiser Permanente Health Care Consultant	\$35.00	\$140.00	2018G: \$140.00
12/2/2018	Arielle Sallai Los Angeles, CA 90026	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coalition for Affordable Housing Consultant	\$5.00	\$25.00	2018G: \$25.00
12/31/2018	***RETURNED*** AIDS Healthcare Foundation Los Angeles, CA 90028 Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		(\$33,250.15)	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL</b> (\$502,695.72)						

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# Schedule B – Part 1 Loans Received

Type or print in ink.  
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SCHEDULE B - PART 1

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		 RATE %  		CALENDAR YEAR  PER ELECTION**  
					DATE DUE		DATE INCURRED	

## SUBTOTALS

## Schedule B Summary

1. Loans received this period. \_\_\_\_\_

(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period \_\_\_\_\_

(Total Column (c) plus loans under \$100 paid or forgiven.)

(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) \_\_\_\_\_ **Net** \_\_\_\_\_

Enter the net here and on the Summary Page, Column A, Line 2.

(may be a negative number)

(Enter (e) on  
Schedule E, Line 3)

\* Amounts forgiven or paid by  
another party also must be  
reported on Schedule A.

\*\* If required.

\*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule B - Part 2

## Loan Guarantors

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>32</u> of <u>140</u>
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action	
I.D. Number 1399958	

SEE INSTRUCTIONS ON REVERSE

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER _____ DATE _____		CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____	
<b>SUBTOTAL</b>					Enter on Summary Page, Line 17 only.	



# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 33 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2018	Californians for Justice Educational Fund, Inc. San Jose, CA 95133 Memo Reference: NON1281	<div><input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Anticipated staff time	\$1,370.00	\$1,811.00	2018G: \$1,811.00
10/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1473	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Google ads	\$12,741.73	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1476	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Facebook ads	\$9,971.85	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1486	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Google ads	\$16,874.54	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$412,050.27

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....

\$412,050.27

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

\$0.00

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\$412,050.27

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period  
from 10/21/2018  
through 12/31/2018

**CALIFORNIA FORM 460**  
Page 34 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1487  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Facebook ads	\$9,750.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1497  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Google ads	\$15,355.05	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1498  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Facebook ads	\$10,500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/21/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1502	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Phone banking	\$50.00	\$2,134.38	2018G: \$2,134.38

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>35</u> of <u>140</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1503	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Snacks and office materials	\$36.50	\$2,134.38	2018G: \$2,134.38
10/22/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1504	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Coffee for canvassers	\$23.00	\$2,134.38	2018G: \$2,134.38
10/22/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1505	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Pens and water for canvassers	\$20.29	\$2,134.38	2018G: \$2,134.38
10/22/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1506	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Paper	\$28.90	\$2,134.38	2018G: \$2,134.38

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

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COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1526  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$10,828.24	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1527  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Twitter ads	\$1,049.79	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1528  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$9,750.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1551  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$8,734.01	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

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COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1552  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$4,783.32	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1585  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$4,907.57	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1586  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$11,109.88	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1587  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$8,048.66	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
Page 38 of 140	I.D. Number 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1588  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$5,250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1589  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$5,250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1590  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$4,500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/24/2018	California Democratic Party Sacramento, CA 95811 Memo Reference: NON1591  Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$333.57	\$16,182.70	2018G: \$16,182.70

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 39 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2018	California Democratic Party Sacramento, CA 95811 Memo Reference: NON1592  Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$118.58	\$16,182.70	2018G: \$16,182.70
10/25/2018	California Democratic Party Sacramento, CA 95811 Memo Reference: NON1593  Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$212.27	\$16,182.70	2018G: \$16,182.70
10/26/2018	California Democratic Party Sacramento, CA 95811 Memo Reference: NON1594  Committee ID: 741666	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing	\$9.02	\$16,182.70	2018G: \$16,182.70
10/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1607  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$7,122.97	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

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# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 40 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1608  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$5,250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1618  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$8,124.05	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/30/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1619  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$2,250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1640  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$8,687.93	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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(other than PTY or SCC)  
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SCC - Small Contributor Committee



# Schedule C Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 41 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1641  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$5,256.26	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/27/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1642	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone/textbanking tool	\$50.00	\$2,134.38	2018G: \$2,134.38
10/28/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1643	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone/textbanking tool	\$125.00	\$2,134.38	2018G: \$2,134.38
10/28/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1644	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Headphones for phonebanking	\$18.70	\$2,134.38	2018G: \$2,134.38

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
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(other than PTY or SCC)  
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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1645	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Food for canvassing	\$50.00	\$2,134.38	2018G: \$2,134.38
10/31/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1646	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Phone/textbanking tool	\$50.00	\$2,134.38	2018G: \$2,134.38
10/30/2018	East Bay Working Families, A Coalition of Unions and Community Groups Richmond, CA 94801 Memo Reference: NON1647  Committee ID: 1390351	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mailer	\$510.84	\$155,438.51	2018G: \$155,438.51
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1662  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Facebook ads	\$5,250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1663  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$10,598.75	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1680  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Twitter ads	\$954.74	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1681  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$10,440.38	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1682  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$10,375.90	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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- Total nonmonetary contributions received this period.  
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# Schedule C

## Nonmonetary Contributions Received

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Amounts may be rounded  
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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1683  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$10,282.93	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/4/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1684  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$5,250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/3/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1685  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$4,500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/2/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1686  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$5,250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
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SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1694  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Facebook ads	\$5,250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1695  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Google ads	\$6,423.39	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/1/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1696	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone banking/text banking	\$25.00	\$2,134.38	2018G: \$2,134.38
11/1/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1697	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone banking/text banking	\$12.50	\$2,134.38	2018G: \$2,134.38

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**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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# Schedule C Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from <u>10/21/2018</u> through <u>12/31/2018</u>	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/2/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1698	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone banking/text banking	\$12.50	\$2,134.38	2018G: \$2,134.38
11/2/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1699	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Phone banking/text banking	\$12.50	\$2,134.38	2018G: \$2,134.38
11/1/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1700	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Banner	\$70.98	\$2,134.38	2018G: \$2,134.38
11/3/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1701	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		water for office	\$6.78	\$2,134.38	2018G: \$2,134.38

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**SUBTOTAL**

## Schedule C Summary

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- Total nonmonetary contributions received this period.  
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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/4/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1702	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Coffee for canvassers	\$16.56	\$2,134.38	2018G: \$2,134.38
11/5/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1703	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Phone banking/text banking	\$12.50	\$2,134.38	2018G: \$2,134.38
11/5/2018	East Bay Democratic Socialists of America Oakland, CA 94609 Memo Reference: NON1704	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Voter card	\$133.35	\$2,134.38	2018G: \$2,134.38
11/6/2018	SEIU Local 2015 Issues PAC Los Angeles, CA 90057 Memo Reference: NON1705  Committee ID: 1378400	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Phone banking and Walk Program	\$15,000.00	\$15,000.00	2018G: \$15,000.00

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**SUBTOTAL**

## Schedule C Summary

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# Schedule C

## Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/5/2018	Tenderloin Neighborhood Development Corporation San Francisco, CA 94102 Memo Reference: NON1707	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Printing and Volunteer Stipends	\$736.00	\$736.00	2018G: \$736.00
11/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1708	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Google ads	\$5,103.41	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1709	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Facebook ads	\$4,500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1793	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Drinks	\$4.32	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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# Schedule C

## Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1801  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Meal	\$9.75	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1806  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Drinks for Mobilizers	\$33.51	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1807  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Dues	\$15.97	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/21/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1808  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div></div><div>COM</div><div><div></div></div><div>OTH</div><div><div></div></div><div>PTY</div><div><div></div></div><div>SCC</div></div>		Drink	\$5.60	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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# Schedule C Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1809  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		340B	\$215.31	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1810  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		340B	\$23.12	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1811  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Meal	\$7.25	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1812  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Fuel	\$118.06	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1813  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Drink	\$1.19	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1814  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Drinks	\$12.76	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1815  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Meals	\$41.13	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1816  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Hotel	\$586.55	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

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(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1817  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Meal for staff	\$83.26	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1818  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Meal	\$18.40	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1819  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fuel	\$64.22	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1820  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fuel	\$84.39	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
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to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1821  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Drink	\$1.71	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1822  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Fuel	\$107.13	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1823  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Meal for mobilizers traveling from Los Angeles	\$241.28	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1824  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Meal	\$13.49	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1825  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fuel	\$42.94	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1826  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Fuel	\$109.67	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1827  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Meal	\$1.08	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1828  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Hotel	\$525.84	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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(Include all Schedule C subtotals.).....
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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 55 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1829  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Meal	\$5.25	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1830  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Dues	\$1.99	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1831  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Parking	\$1.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1832  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Parking	\$1.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period

from 10/21/2018

through 12/31/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1833  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Hotel	\$323.72	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1834  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Meal	\$32.84	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1835  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Rental	\$91.39	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1836  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Water for Mobilizers	\$25.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... TOTAL

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
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SCHEDULE C

Statement covers period

from 10/21/2018

through 12/31/2018

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FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
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10/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1837  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Drinks for staff	\$9.30	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/22/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1882  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$1,500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1883  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Parking expense	\$2.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1884  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$292.97	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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(Include all Schedule C subtotals.).....

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# Schedule C

## Nonmonetary Contributions Received

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to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1885  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1886  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1887  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1888  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
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(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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(other than PTY or SCC)  
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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1889  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1890  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1891  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1892  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1893  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1894  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1895  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1896  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1897  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1898  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1899  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1900  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1901  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/27/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1902  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Transportation for Prop 10 advocates and mobilizers	\$1,005.28	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1903  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Work meal	\$18.02	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1904  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

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10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1905  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1906  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1907  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1908  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

## Schedule C Summary

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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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I.D. Number 1399958	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/31/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1909  Committee ID: 1281664	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Mobilizer gift cards for Prop 10 events	\$50.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1910  Committee ID: 1281664	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Transportation for Prop 10 advocates and mobilizers	\$309.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1911  Committee ID: 1281664	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Election Night Videography	\$250.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1912  Committee ID: 1281664	<div><div></div><div>IND</div><div>COM</div><div><div></div>OTH</div><div>PTY</div><div>SCC</div></div>		Election Night Videography	\$1,500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

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# Schedule C

## Nonmonetary Contributions Received

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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 65 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

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11/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1914  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Makeup Artist	\$150.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/13/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1915  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Mailchimp Account with Measure S email lists	\$531.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/6/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1916  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distrib. Inv #10008622	\$1,125.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1917  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distrib. Inv #10008091	\$1,060.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

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**SUBTOTAL**

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# Schedule C

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SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 66 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1919  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Production for Election Night Party	\$6,242.50	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/5/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1920  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Catering for Election Night Party	\$1,442.94	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1921  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Robocalls	\$16,500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1922  Committee ID: 1281664	<div><div></div><div>IND</div><div><div></div>COM</div><div><div></div>OTH</div><div><div></div>PTY</div><div><div></div>SCC</div></div>		Sacramento Press Conference Photography	\$800.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 67 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1923  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		LA Civic Leaders Press Conference Photography	\$820.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1924  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Bakersfield Press Conference & Rally Photography	\$2,675.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1925  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		San Francisco Press Conference Photography	\$800.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1926  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		KOND FM & KRDA FM - Fresno - Raido Buy	\$3,738.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
3. Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period

from 10/21/2018

through 12/31/2018

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1927  Committee ID: 1281664	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Yes on 10 - Robo Calls	\$16,500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
11/1/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1928  Committee ID: 1281664	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>			\$1,701.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1929  Committee ID: 1281664	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		AP Photography For Press Conference	\$800.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/29/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1930  Committee ID: 1281664	<div><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</div>		Spanish Radio Campaign	\$49,866.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

1. Amount received this period - nonmonetary contributions of \$100 or more.

(Include all Schedule C subtotals.).....

2. Amount received this period - unitemized nonmonetary contributions of less than \$100 .....

3. Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 69 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1931  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distrib. Inv #10004888	\$1,770.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/28/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1932  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distribution inv. #10004888	\$1,770.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1933  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distribution inv. #10004857	\$1,710.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/26/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1934  Committee ID: 1281664	<div><div></div><div>IND</div><div></div><div>COM</div><div><div></div></div><div>OTH</div><div></div><div>PTY</div><div></div><div>SCC</div></div>		Press release distribution inv. #10004884	\$715.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

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(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
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# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
	Page 70 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1935  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		PA	\$166.50	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1936  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Talent	\$500.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/25/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1937  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Talent	\$300.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/24/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1938  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release distribution inv. #1003806	\$1,405.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL**

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

### \*Contributor Codes

IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule C

## Nonmonetary Contributions Received

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE C

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. Number  
1399958

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1939  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Press release distribution inv. #10003236	\$715.00	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
10/23/2018	AIDS Healthcare Foundation Los Angeles, CA 90028 Memo Reference: NON1940  Committee ID: 1281664	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Music	\$39.95	\$23,120,373.34	2018S: \$368,997.05 2018G: \$22,926,126.29
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$412,050.27

## Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100 .....
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL**

\*Contributor Codes  
IND - Individual  
COM- Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

# Schedule D

## Summary of Expenditures

### Supporting/Opposing Other

### Candidates, Measures and Committees

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		CALIFORNIA FORM <b>460</b>	
from	10/21/2018		
through	12/31/2018	Page 72 of 140	
		I.D. NUMBER 1399958	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

**SUBTOTAL**

## Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) .....
- Unitemized contributions and independent expenditures made this period of under \$100 .....
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL** .....



# Schedule E Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
Page 73 of 140	I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Life of Wallo267 LLC Philadelphia, PA 19132	WEB			\$300.00
A/B Strategy Consulting Inc. Brooklyn, NY 11217	POL			\$2,700.00
First Republic Bank Los Angeles, CA 90017	OFC	Wire transfer fee		\$35.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$3,644,981.97
2. Unitemized payments made this period of under \$100. ....	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL</b> \$3,644,981.97

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/21/2018		
through 12/31/2018		Page 74 of 140
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rising Tide Washington, DC 20005	WEB			\$302,346.63
First Republic Bank Los Angeles, CA 90017	OFC		Wire transfer fee	\$35.00
Democratic Voters Guide Covina, CA 91722	LIT			\$47,000.00
Committee ID: 595002 Citizens for Waters Long Beach, CA 90802	LIT			\$20,000.00
Committee ID: 1271833 Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL			\$2,687,981.48

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/21/2018		
through 12/31/2018		Page 75 of 140
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Rising Tide Washington, DC 20005	WEB			\$5,000.00
Jordan Wills Los Angeles, CA 90026				\$166.50
Anna Cecilia Smith Los Angeles, CA 90046				\$500.00
Nicolas Osorio Los Angeles, CA 91601	TEL			\$500.00
Evelyn Feliciano Los Angeles, CA 90004				\$500.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through 12/31/2018		Page 76 of 140
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
McKenzie Trent Los Angeles, CA 90027				\$800.00
Robert Eugene Bennett Burbank, CA 91506	TEL			\$1,749.95
Joshua A Carrasco Pico Rivera, CA 90660	WEB			\$850.00
Azpire Print & Mediaworks, LLC Los Angeles, CA 90034	CMP			\$36,080.20
Miles Daniels Los Angeles, CA 90027				\$500.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/21/2018		
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Corona Advisors LLC San Francisco, CA 94114			Reimbursement	\$993.53
Sierra Club, San Francisco Bay Chapter Campaigns SMO Berkeley, CA 94702	LIT			\$5,000.00
Committee ID: 1306869 Aimee Ewell West Hills, CA 91307	CNS			\$1,290.00
ACCE Action Los Angeles, CA 90007			Bus Transportation	\$9,815.90
San Francisco Democratic County Central Committee San Francisco, CA 94111	LIT			\$5,000.00
Committee ID: 742051				

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EMC Research Columbus, OH 43215	CNS			\$679.18
MVM Strategy Group, LLC Sacramento, CA 95814				\$645.55
SB Strategies Inc. Inglewood, CA 90301			Automated calls	\$99,999.87
First Republic Bank Los Angeles, CA 90017	OFC		Wire transfer fee	\$35.00
Bonnie Lee Ann Ulshafer Camarillo, CA 93010			Reimbursement	\$294.42

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Arielle Sallai Los Angeles, CA 90026	CNS			\$700.00
Bonnie Lee Ann Ulshafer Camarillo, CA 93010	CNS			\$3,000.00
Elizabeth Marley in Wha Kim Burbank, CA 91506	CNS			\$1,600.00
Grassroots Impact, LLC San Francisco, CA 94111	CNS			\$5,000.00
Ileana Wachtel Pacific Palisades, CA 90272	CNS			\$1,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James Ryan Albert San Bernardino, CA 92404	CNS			\$2,500.00
Susan Shannon Studio City, CA 91614	CNS			\$3,000.00
Andrea Slater Vallejo, CA 94590	CNS			\$2,875.00
Andrea Slater Vallejo, CA 94590		Reimbursement		\$2,450.37
SB Strategies Inc. Inglewood, CA 90301	CNS			\$5,000.00

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**SUBTOTAL**



# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through 12/31/2018		Page 81 of 140
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
A/B Strategy Consulting Inc. Brooklyn, NY 11217	POL			\$4,000.00
CHICCCA San Bernardino, CA 92410			Volunteer hub space	\$500.00
First Republic Bank Los Angeles, CA 90017	OFC		Wire transfer fee	\$35.00
Gregory Akili Los Angeles, CA 90016	CNS			\$1,500.00
Gregory Akili Los Angeles, CA 90016	CNS			\$500.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period from 10/21/2018 through 12/31/2018		<b>CALIFORNIA FORM 460</b>  Page 82 of 140
I.D. NUMBER 1399958		

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL			\$110,910.36
Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL			\$90,206.50
Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL			\$21,991.65
Ileana Wachtel Pacific Palisades, CA 90272	CNS			\$500.00
SB Strategies Inc. Inglewood, CA 90301	CNS			\$5,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Andrea Slater Vallejo, CA 94590			Reimbursement	\$1,709.52
Andrea Slater Vallejo, CA 94590	CNS			\$1,917.00
Grassroots Impact, LLC San Francisco, CA 94111	CNS			\$5,000.00
Elizabeth Marley in Wha Kim Burbank, CA 91506	CNS			\$1,600.00
Bonnie Lee Ann Ulshafer Camarillo, CA 93010	CNS			\$2,000.00

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**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/21/2018		
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
James Ryan Albert San Bernardino, CA 92404	CNS			\$833.33
Susan Shannon Studio City, CA 91614	CNS			\$3,000.00
Azpire Print & Mediaworks, LLC Los Angeles, CA 90034	CMP			\$378.83
Tracy Austin Inc. Beverly Hills, CA 90210	CNS			\$10,000.00
First National Bank Omaha Omaha, NE 68103-2818		BU	Credit card	\$1,760.47

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

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CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
First National Bank Omaha Omaha, NE 68103-2818			BU Credit card	\$4,662.07
First National Bank Omaha Omaha, NE 68103-2818			DG Credit card	\$6,481.60
First National Bank Omaha Omaha, NE 68103-2818			DG Credit card	\$4,315.78
First National Bank Omaha Omaha, NE 68103-2818			KP credit card	\$2,716.61
First National Bank Omaha Omaha, NE 68103-2818			KP Credit card statement	\$24,365.17

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EMC Research Columbus, OH 43215	CNS		October Consulting	\$2,500.00
Hso Hkam Venice, CA 90291	WEB			\$1,000.00
Political Data, Inc. Norwalk, CA 90652	POL			\$4,816.64
First Republic Bank Los Angeles, CA 90017	OFC			\$35.00
James Hal Hardy Los Angeles, CA 90068			Voiceover	\$550.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DynAdmic Cambridge, MA 02138	TEL			\$8,449.61
DynAdmic Cambridge, MA 02138	TEL			\$15,350.39
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO			\$35,477.84
Pacific Talent & Models, Inc. Manhattan Beach, CA 90266				\$550.00
Nicolas Osorio Los Angeles, CA 91601				\$350.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Joshua A Carrasco Pico Rivera, CA 90660	WEB		\$850.00
Joel Pelletier Hollywood, CA 90028			\$500.00
Evelyn Feliciano Los Angeles, CA 90004			\$500.00
The Brogan Agency Venice, CA 90291			\$330.00
The Brogan Agency Venice, CA 90291			\$550.00

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# Schedule E (Continuation Sheet) Payments Made

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SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Richard Rogers Muller, III Los Angeles, CA 90019				\$150.00
Jennifer Quinteros Los Angeles, CA 90014				\$150.00
International Idols Agency, LLC Los Angeles, CA 90013				\$330.00
Elizabeth Marley in Wha Kim Burbank, CA 91506	CNS			\$1,600.00
Secretary of State Sacramento, CA 95814-5701	OFC			\$280.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/21/2018		
through 12/31/2018		Page 90 of 140
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Secretary of State Sacramento, CA 95814-5701	OFC			\$40.00
EveryAction Washington, DC 20005	OFC			\$98.71
ActBlue Somerville, MA 02144-3132		November AB fees		\$129.60
ActBlue Somerville, MA 02144-3132				\$571.51
EveryAction Washington, DC 20005	OFC	Merchant service fees		\$5.92

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL**

# Schedule E (Continuation Sheet) Payments Made

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Amounts may be rounded  
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		<b>CALIFORNIA FORM 460</b>
from 10/21/2018		
through 12/31/2018		Page 91 of 140
NAME OF FILER Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action		I.D. NUMBER 1399958

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER  
1399958

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
EveryAction Washington, DC 20005	OFC		Merchant service fees	\$4.78
Strumwasser & Woocher LLP Los Angeles, CA 90024	PRO			\$6,000.00
EveryAction Washington, DC 20005	OFC		Merchant service fees	\$4.50

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL** \$3,644,981.97

# Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE F

Statement covers period  
from 10/21/2018  
through 12/31/2018

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER  
1399958

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Life of Wallo267 LLC Philadelphia, PA 19132	WEB	\$300.00	\$0.00	\$300.00	\$0.00
A/B Strategy Consulting Inc. Brooklyn, NY 11217	POL	\$2,700.00	\$0.00	\$2,700.00	\$0.00
Joe Trippi & Associates, Inc. St. Michaels, MD 21663	TEL	\$110,910.36	\$0.00	\$110,910.36	\$0.00

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTALS** \$113,910.36 \$0.00 \$113,910.36 \$0.00

## Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$113,910.36
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$113,910.36)  
May be a negative number.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 93 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER  
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

First National Bank Omaha

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Promotional Design Group El Monte, CA 91733	OFC			\$952.25
The Harman Press North Hollywood, CA 91605	OFC			\$1,971.00
Alaska Airlines Seatac, WA 98188	OFC			\$258.20
Southwest Airlines Dallas, TX 75235	OFC			\$224.98

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$3406.43

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

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First National Bank Omaha

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples Framingham, MA 01702	OFC			\$140.27
FedEx Los Angeles, CA 90028	OFC			\$7.49
FedEx Los Angeles, CA 90028	OFC			\$25.22
FedEx Los Angeles, CA 90028	OFC			\$41.33

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$214.31

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

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I.D. NUMBER  
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First National Bank Omaha

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FedEx Los Angeles, CA 90028	OFC			\$4.28
FedEx Los Angeles, CA 90028	OFC			\$8.95
FedEx Los Angeles, CA 90028	OFC			\$9.89
FedEx Los Angeles, CA 90028	OFC			\$38.50

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$61.62

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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NAME OF FILER

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I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

First National Bank Omaha

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
FedEx Los Angeles, CA 90028	OFC			\$5.34
Staples Framingham, MA 01702	OFC			\$0.04
Staples Framingham, MA 01702	OFC			\$166.10
Woodland Hills Printing Woodland Hills, CA 91364				(\$853.86)

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$-682.38

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**



# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

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NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER  
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NAME OF AGENT OR INDEPENDENT CONTRACTOR

First National Bank Omaha

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Woodland Hills Printing Woodland Hills, CA 91364				\$4,960.70
Staples Framingham, MA 01702	OFC			\$58.14
Staples Framingham, MA 01702	OFC			\$20.98
Staples Framingham, MA 01702	OFC			\$42.19

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$5082.01

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**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period		<b>CALIFORNIA FORM 460</b>
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through	12/31/2018	Page 98 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER  
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

First National Bank Omaha

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples Framingham, MA 01702	OFC			\$0.61
Woodland Hills Printing Woodland Hills, CA 91364				\$2,300.00
Woodland Hills Printing Woodland Hills, CA 91364				(\$2,300.00)

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$0.61

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

**FPPC Form 460 (June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

# Schedule G

## Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.  
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to whole dollars.

SCHEDULE G

Statement covers period  
from 10/21/2018  
through 12/31/2018

CALIFORNIA  
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER  
1399958

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Andrea Slater

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CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Smart & Final Commerce, CA 90040				\$53.14

Attach additional information on appropriately labeled continuation sheets.

**TOTAL\*** \$53.14

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

# Schedule H – Loans Made to Others\*

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE H

Statement covers period from 10/21/2018 through 12/31/2018	<b>CALIFORNIA FORM 460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER  
1399958

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID  <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR  PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		<b>SUBTOTALS</b>						

(Enter (e) on  
Schedule I, Line 3)

## Schedule H Summary

1. Loans made this period .....  
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans .....  
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET** .....  
(Enter the net here and on the Summary Page, Column A, Line 7.)

\*\* If Required

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SCHEDULE I

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	10/21/2018	
through	12/31/2018	Page 101 of 140

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yes on 10 - a Coalition of Teachers, Nurses, Seniors and Renters for Affordable Housing, Sponsored by AIDS Healthcare Foundation and ACCE Action

I.D. NUMBER

1399958

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
11/8/2018	Joe Trippi & Associates, Inc. St. Michaels, MD 21663	Media reserve credit	\$223,108.51
11/8/2018	Joe Trippi & Associates, Inc. St. Michaels, MD 21663	Commission credit	\$19,192.13
12/11/2018	Citizens for Waters Long Beach, CA 90802	Partial refund of slate mailer pay	\$2,500.00
	Filer ID: 1271833		

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL** \$244,800.64

## Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$244,800.64
2. Unitemized increases to cash under \$100 this period. ....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	<b>TOTAL</b> \$244,800.64

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

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